FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)											
		(565 11511 5616)	,					Offi	ce use only	′		
NAME OF COMMITTEE (ir	ı full)	(Check if name is changed)	Examp over the	le: If typying e lines	g, type	12F	E4M5	5				
Hillary Clinto	n For President					ш					لــــــــــــــــــــــــــــــــــــــ	لب
												Ш
ADDRESS (number and	d street)	Box 101436				ш		1 1				ш
(Check if add	dress					ш		ш			لــــــــــــــــــــــــــــــــــــــ	
is changed)	Arlin	igton			ш	LYA	A _	Ш	2221 	<u>0</u> _ L		ш
COMMITTEE'S E-MA	AU ADDRESS		CITY			STAT	E▲		ZIP	CODE	•	
	illaryclinton.com											ı
	11111										Ш	
						Щ					ш	Щ
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)										
http://hillarye	clinton.com					ш					لب	لــــا
				111			11					لــــا
COMMITTEE'S FAX 7039628600 2. DATE 0	M / D D / Y											
3. FEC IDENTIFICATION NUMBER C C00431569												
4. IS THIS STATE	MENT NEW	V (N) OR	X	AMEND	ED (A)							
I certify that I have exam	nined this Statement and	to the best of my know	wledge and b	elief it is tru	e, correct a	nd comp	lete					
Type or Print Name o	f Treasurer	Shelly Moskwa										
Signature of Treasure	er Electronically File	d by Shelly Mo s	skwa			Date	0	5 ^M	02	/ Y	Ý 2 0	8 0 0
NOTE: Submission of f	alse, erroneous, or incon	nplete information may	•		· ·				of 2 U.S.C	S437g	 -	
Office Use Only			Fe To	or further in ederal Election oll Free 800- ocal 202-694	on Commis 424-9530		:		FEC I	FORM d 02/200		

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5.	TYPE OF COM	MMITTEE (Check One)	
	(a) X (b)	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete	the candidate
		information below.)	
	Name of Candidate	Hillary Rodham Clinton	
	Candidate Party Affiliation	DEM Office Sought: House Senate X President	State District 00
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
,	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
	None		
L	1 1 1 1		
	Mailing Addres	s	
	-	1	
		CITY ≜ STATE ≜	ZIP CODE 🛦
	Relationship		
	Type of Conne	cted Organization:	
	Corpoi	ration Corporation w/o Capital Stock Labor Organ	nization
	Memb	pership Organization Trade Association Cooperative	

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W	rite or Type Commi	ttee Name					
	Hillary Clintor	n For President					
7.		cords: Identify by Committee books	y name, address, (phone num and records.	ber optional), and pos	ition of th	e person in	
	Full Name	Shelly Moskw	/a				
	Mailing Address		PO Box 101436				
			Arlington		<u> </u>	22210 _	
	Title or Position ▼	,	CITY A		ГЕ▲	ZIP CODE A	
		Treasurer		Telephone number	703	469	2008
	Mailing Address		PO Box 101436				
			Arlington	VA	<u> </u>	22210 _	
	Title or Position ♥	,	CITY A	STAT		ZIP COI	DE A
		Treasurer		Telephone number	703	469	2008
	Full Name of Designated Agent	Cindy Cicarel	I				
	Mailing Address		PO Box 101436				
			Arlington		<u> </u>	22210 –	
	Title or Position ▼	,	CITY A	STAT	E 🛦	ZIP COL	DE A
		Assistant Treasu	ırer	Telephone number		=	

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Banks or Other De safety deposit boxes Name of Bank, Dep	s or maintains funds.
L	Bank of America
Mailing Address	730 15th Street NW
	Washington DC 20005
	CITY A STATE A ZIP CODE A
Name of Bank, Dep	ository, etc.
	Merrill Lynch
Mailing Address	1850 K Street NW
	Weshington DC 20006

CITY 🔼

STATE ▲

ZIP CODE 🛕